



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

Email Address: djhuffman@selectmedical.com

Medicare Provider Number: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|------------|
| Inpatient Patient Service Revenue | \$71830844 |
| Outpatient Patient Service Revenue | \$0 |
| Total Gross Patient Service Revenue | \$71830844 |

2. Deductions From Revenue

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|-----------------------|------------|
| Contractual Allowance | \$48583040 |
| Other Deductions | \$263808 |
| Total Deductions | \$48846848 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$22983996 |
| Other Operating Revenue | \$112290 |
| Total Operating Revenue | \$23096286 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$10598770 | Employee Benefits | \$1652293 |
| Depreciation and Amortization | \$313965 | Interest Expense | \$144238 |
| Bad Debt | \$550605 | Other Expenses | \$11387717 |
| Total Operating Expenses | \$24647588 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-----------|
| Excess Revenue over Expenses | \$-1551302 | Total Assets | \$7147625 |
| Net Non-operating Gains over Loss | \$-124803 | Total Liabilities | \$6519587 |

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|-----------------|------------|
| Total Net Gains | \$-1676105 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$43693121 | \$29751676 | \$13941445 |
| Medicaid | \$11830587 | \$9292972 | \$2537615 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$16307136 | \$9802200 | \$6504936 |
| Total | \$71830844 | \$48846848 | \$22983996 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$0 | \$0 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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|---------------------------------------------------------|-----|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

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| Statement Six: Charity Statement |
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|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$0 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicaid Shortfalls | \$0 | \$0 | |
| Subtotal | \$0 | \$0 | \$0 |
| DSH Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicare Shortfalls | \$0 | \$0 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$0 | \$0 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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